

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
IN THE MATTER OF: )  
\_\_\_\_\_)  
(Decedent)

IN THE PROBATE COURT  
**WAIVER OF STATUTORY FILING REQUIREMENTS**  
CASE NUMBER: \_\_\_\_\_

I acknowledge that Personal Representative(s) are required by law to file the following document(s) prior to the closing of an Estate. However, I am willing to allow the Personal Representative(s) of this Estate to proceed to close this Estate without the filing of these document(s). As such,

**I freely and voluntarily agree for the Personal Representative(s) or any Successor Personal Representative(s) in this Estate to forego his/her duty to file any and all closing document(s); specifically, the document(s) indicated below.**

**I understand fully my right to receive and review the document(s); however, I knowingly and voluntarily waive said rights now and in the future regarding the following document(s) as indicated below:**

MARK WITH AN "X" IN BLACK INK OR INITIAL IN BLACK INK.

- \_\_\_  Accounting(s) (including Interim, Amended and/or Supplemental *Accountings*, if applicable)
- \_\_\_  Proposal for Distribution (including Amended or Supplemental *Proposals for Distribution*)
- \_\_\_  Notice of Right to Demand Hearing (required to be delivered along with Closing Documents)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_

Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Decedent/Estate: \_\_\_\_\_